# MCH in Colorado: Strategic Themes in an Era of Health Care Reform

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### Brief Overview: How did we get here?

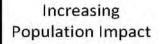
- Development of the MCH Block Grant
- Funding Formula
- Federal/State and Local Partnership
- Requirements: Hotline, 30/30/10, NA



## MCH Performance Measures and Approach

- 18 National Performance Measures (NPMs), including 6 outcome measures for the CYSHCN population
- 9 State Performance Measures (SPMs)
- Addressed by interventions at client and population level – MCH Pyramid

### **Coordinated MCH Strategies**



Increasing Individual Effort Needed

#### Direct Health Care Services

(gap filling)
Basic health services and health
services for children and youth with
Special Health Care Needs (CYSHCN).

#### **Enabling Services**

Classroom health education, CYSHCN care coordination, parent and teen education about GDL laws.

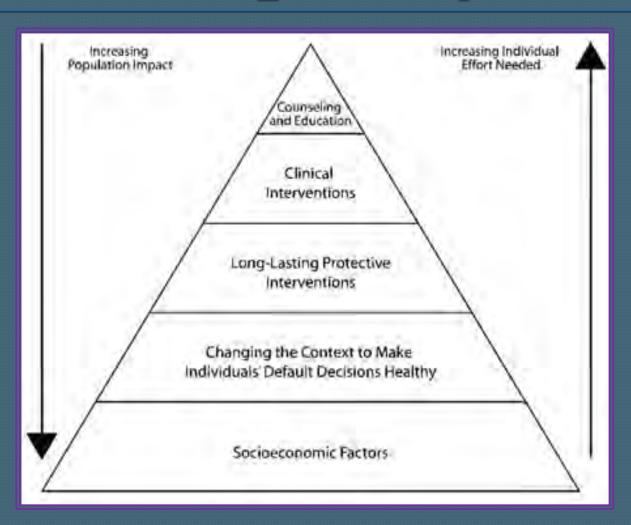
#### **Population-based Services**

Statewide newborn screening, school district-wide health education, child care and health care provider training and outreach, public education/messaging.

#### Infrastructure-building Services

Needs assessment, evaluation, program planning, policy development, coalition development and management, standards development, workforce development, systems-building initiatives, and information systems.

### Health Impact Pyramid



#### Colorado's MCH Mission

Optimize the health and well-being of the MCH population by employing primary prevention and early intervention public health strategies.



### Colorado's MCH Priorities 2011-2015



- 1. Promote preconception health among women and men of reproductive age with a focus on intended pregnancy and healthy weight
- Promote screening, referral and support for perinatal depression
- 3. Improve developmental and social emotional screening and referral rates for all children ages birth to 5

### Colorado's MCH Priorities 2011-2015

- 4. Prevent obesity among all children ages birth to 5
- 5. Prevent development of dental caries in all children ages birth to 5
- 6. Reduce barriers to a medical home approach by facilitating collaboration between systems and families

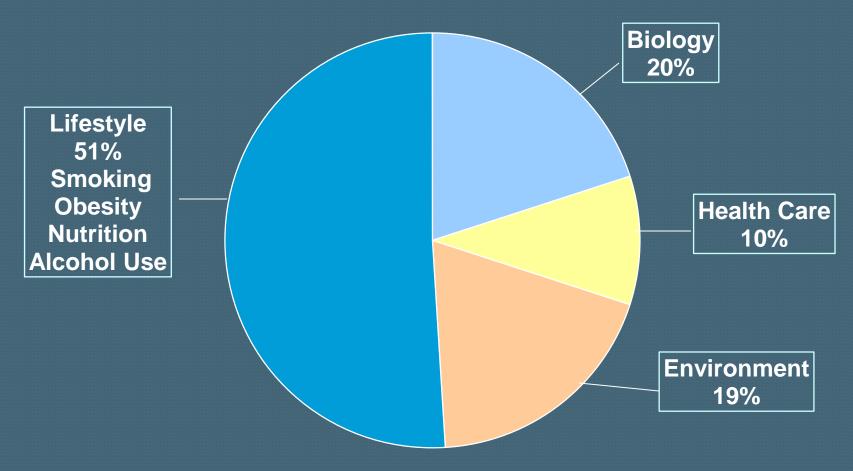
#### Colorado's MCH Priorities 2011-2015

- 7. Promote sexual health among all youth ages 15-19
- 8. Improve motor vehicle safety among all youth ages 15-19
- 9. Build a system of coordinated and integrated services, opportunities and supports for all youth ages 9-24

### How has Colorado Applied the Pyramid for Impact?

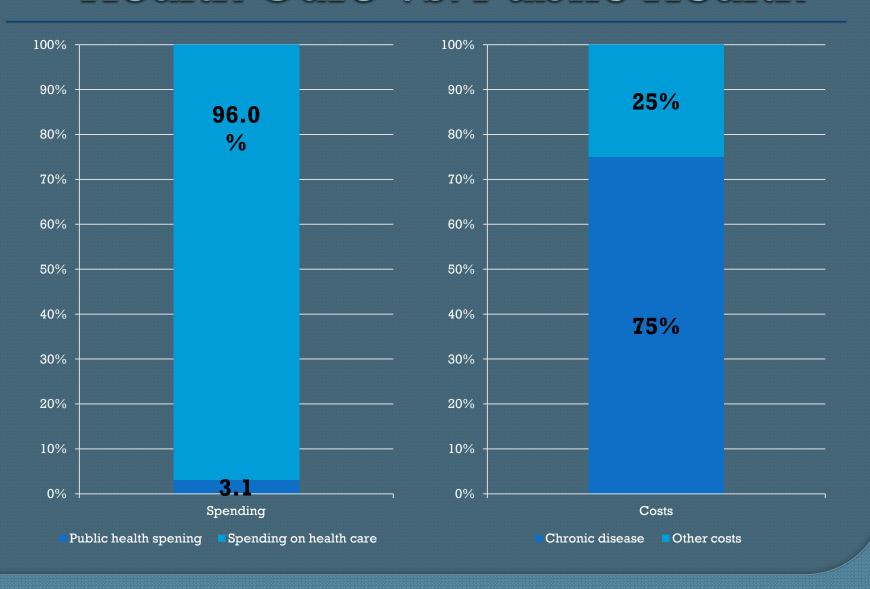
- Recognizing that complementary strategies are needed to impact the priorities, NPMs and SPMs
- Recognizing that a variety of client-level interventions existed and currently exist at the local level
- Maintaining key client-level interventions for the CYSCHN population
- Enhancing and expanding complementary efforts at the bottom of the pyramid – "moving down"
- Realizing that health care is necessary but not sufficient for MCH

#### Factors Influencing Health Status



Source: McGinnis, J.M and Foege, W.H. (1993). "Actual Causes of Death in the United States," Journal of the American Medical Association.

#### Spending on Health Care vs. Public Health



### MCH Strategic Themes

Optimize the health & well-being of the MCH (& CYSCHN) population by:

- Focusing on primary prevention and early intervention
- Coordinating efforts at the state and local level across all levels of the pyramid
- Emphasizing the unique and core responsibility of public health to act at the population health level

## Federal View: MCH 3.0 and Implementation of the ACA

Improve MCH in the nation by improving:

- Access
- Quality
- Integration
- Accountability
- > Equity



## Access: Alignment with Colorado's Strategic Direction

- Insurance coverage more widely available
- Coverage and access are not synonymous
- Wide range of interventions in place:
  - Medical Home Work
  - ACC interface
  - Complementary Client Level activities: enrollment, HCP care coor.
  - Rural sub-specialty clinic infrastructure
  - Opportunity to target HCP interventions to those with specific needs

## Quality: Alignment with Colorado's Strategic Direction

Quality can lead to better health outcomes and lower costs at all levels of the pyramid

- Client-level Focus: HCP clinics and care coordination; other locally delivered programs
- Systems-level Focus: Medical Home, ABCD,
   Perinatal Depression, Youth Systems Building,
   LEAN program CQI

## Integration: Alignment with Colorado's Strategic Direction

- Cross-population priorities and primary prevention and early intervention focus
- Continuum of interventions across the pyramid delivered locally, e.g., home visitation, WIC, FP
- Systems Integration: Medical Home; ACCs; Work with schools, human services, child welfare, community based organizations, etc.

## Accountability: Alignment with Colorado's Strategic Direction

Measuring and Delivering Results/ROI:

Need to see improvements for the \$\$ invested in MCH.



#### NPMs & SPMs

- Aligns with desired outcomes for Colorado's 2011-2015 priorities
- State and local action plans have evaluation measures
- Efforts to improve outcomes for HCP care coordination

## Equity: Alignment with Colorado's Strategic Direction

Significant health inequities exist for many MCH indicators:

SDOH – influence of poverty, education

Local Efforts - PPOR/ African American IM

### Summary

- The ACA provides an opportunity for better integration of health care and population health roles (across all levels of the pyramid).
- Public health is positioned to embrace its unique role in facilitating population health while still assuring access at the systems level.
- MCH 3.0, the new federal lens of access, quality, integration, accountability and equity, aligns with existing state and local MCH efforts in Colorado